

# CARE CDC Connection

*The Quarterly Newsletter of the CARE-CDC Health Initiative*  
*October-December, 1998*

## The CARE-CDC Health Initiative (CCHI)

**D**ue to the increasing challenges in global health today, new strategies which pull together resources in global collaborations have emerged. Just such a collaboration began in 1996 between CDC and CARE, thanks to a generous grant from the Robert W. Woodruff Foundation. The objectives of the CCHI project are to 1) Strengthen the capacity of each organization to develop and implement health programs and to sustain collaboration between CARE and CDC, 2) Increase the quality and coverage of critical health programs to control infectious diseases and other priority health problems of children and women using approaches that can be replicated elsewhere, and 3) To develop and implement new strategies to deal with emerging health problems that threaten global health. Several collaborative projects falling under these objectives are currently underway.

## *New Directions for CCHI*

**H**aving dedicated much of the first year of CCHI to initiating the implementation of specific collaborative health activities, the second year of CCHI has been a time for reflection, evaluation and change. For one, this year has seen some important adjustments to the CCHI management structure.

The CCHI Symposium in March of this year provided an important moment for interaction between CDC and CARE staff, which was followed by a retreat of the CDC and CARE management staff a few months later. On May 4, 1998 CARE and CDC senior staff met in the RitaAnne Rollins Room at the Rollins School of Public Health for a half day retreat. At this retreat the participants agreed on the major goals and objectives of the collaboration and desired outcomes. (*See Box at Right*)

Together, the partners established action steps to accompany each objective and this collaborative planning helped to seal consensus between the two organizations. The two groups then began meeting on a more regular basis in May, enhancing project discussions, reviews and decision-making. In the continuing analysis of CCHI, the primary concern of the management team has been to review to what extent the current project structure and existing activities are effectively contributing to the achievement of a long-term, sustainable relationship between CARE and CDC based on collaboration.

One conclusion members of the management team arrived at was that certain elements of the project, as originally designed, were serving as barriers to effective collaboration. For example, the original project budget was separated between CDC and CARE. Seeking a more integrated decision-making process, as a fundamental step toward

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## *CCHI's SEVEN <sup>7</sup> OBJECTIVES*

- 1) We are able to jointly and effectively respond to emergencies and emerging health problems;**
- 2) A continued collaboration between CDC and CARE indicated by staff from CDC and CARE supporting the collaboration and sharing information, technical expertise and other resources;**
- 3) At the end of the project staff from both organizations can enumerate what each has learned from the other and can document in writing how the skills, knowledge, attitudes and practices of CCHI have been beneficial to CARE countries' work in the field;**
- 4) The two partners produce a joint strategic vision and action plan that emphasizes organizational learning and capacity-building and establishes structures to manage and promote collaboration;**
- 5) Programmatic activities between CARE and CDC continue beyond the funding of CCHI;**
- 6) Health care in CCHI country sites, in the form of service delivery, access, or quality of life, is measurably improved by CCHI involvement; and**
- 7) CARE and CDC establish a collegial working relationship both at the management level and in the field.**

## TRAVEL

### Tanzania:

Thomas Schmid and Indu Ahluwalia of CDC traveled to Tanzania in November to continue work on a Community-Based Reproductive Health Project (described at right).

### Ethiopia:

Sam Perry and Kathy Parker of the International STD Prevention Division at CDC traveled to Ethiopia in October to discuss with CARE and MOH staff the feasibility of beginning a STD prevention program there.

## MORE NEWS

### Epi Grand Rounds, CDC:

Kay Tomashek presented the CCHI supported anemia study in Tanzania on Tuesday December 15 at the Epidemiology Grand Rounds at CDC. This was an important forum to share successes of CCHI with others at CDC.

### CCHI Seminars:

Tim Frankenburger, a senior advisor from the CARE Household Livelihood Security Unit, came to CDC to explain CARE's conceptual framework for integrating food security, economic empowerment, health and environmental programs.

### HIV/AIDS Technical Information Packet:

Following an assessment carried out by CARE, HIV was selected as a topic for a collaborative CCHI information packet to cover such issues related to the association of STDs and HIV, vertical transmission, counseling and testing, and community support of AIDS cases. CARE staff, CDC staff and two interns worked with staff from the HIV and STD Divisions at CDC to compile the most pertinent material on these topics. The result was a collaborative "HIV/AIDS Technical Information Packet" for CARE health staff that contained both social science and biomedical information.

## Community-Based Reproductive Health Project

The Community-Based Reproductive Health Project (CBRHP) is a collaborative effort between the Tanzanian Ministry of Health and CARE.

This five year project focuses on maternal health and is designed to address family planning, reproductive health, and sexually transmitted diseases in the two administrative districts of Kwimba and

Misungwi located in Northwestern Tanzania. The major objective of CBRHP is to improve the health status of mothers and infants in these two districts by targeting intervention activities toward 500,000 residents of whom 150,000 are women of reproductive age. The two distinct but complementary components of CARE-CDC collaboration are: community capacity building and empowerment through the participatory training and supervision of VHWs and training of facility staff on emergency obstetric care.

The VHWs are responsible, through provision of direct services or health information, for ten of the seventeen project objectives and are the critical links between the communities and the health care service providers/facilities. The goals of the community empowerment team from CDC were to provide technical assistance to CARE Tanzania to build VHW capacity to provide reproductive health services including referrals of at-risk women to health facilities, augment community participation in improving maternal health, and to develop strategies for financial and social support for the VHWs who

are not paid. More specifically, the team was requested to provide assistance in developing a training to assist the villages in developing

an emergency transport plan for obstetrical emergencies and to assist the project in developing a supportive supervision system for the VHWs.

To determine residents readiness to participate in community development

activities relating to maternal health, an initial assessment was conducted in April, 1998.

The findings from the initial assessment were used to develop a training curriculum. Training of Trainers (TOT) was held in November, 1998 and 10 individuals representing CARE, the Ministry of Health, and non-governmental organizations participated in a week-long training and field practicum. The training activities resulted in the development of a model transportation plan and principles of providing supportive supervision in order to enhance and sustain the work of VHWs. The training participants are expected to train the VHWs in community participation and community involvement in CBRPH activities and are to provide supervision to the VHWs on an ongoing basis. The next steps for the TOT participants are to implement the community participation training for the VHWs and to provide supportive supervision to the VHWs. The training will be conducted by the CARE field officers with assistance from the TOT master



Master trainers participating in a teachback exercise, Nugudu, Tanzania.

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**Reproductive  
Health on  
the  
Internet**

**Johns Hopkins Center for Communication Programs:**  
<http://www.jhuccp.org/>

**International Planned Parenthood Federation (IPPF):**  
<http://www.ippf.org>

**Institute for Reproductive Health:**  
<http://www.irh.org>

**Reproline (Reproductive Health Online):**  
<http://www.reproline.jhu.edu/>

**AVSC International (Access to Voluntary and Safe Contraception):**  
<http://www.avsc.org>

## *New Directions for CCHI* (Continued from Page 1)

achieving a sustainable collaborative relationship, a joint management structure is now being formed under which new program officers will be jointly chosen from both institutions and will work together as a single unit situated in the CARE-Atlanta offices. Decision-making in regards to project activities and the commitment of CCHI funds will occur as part of a more formalized process with the participation of both CARE and CDC. Available funds will be treated as a single pool without predetermined decisions as to the amount to be directed to one institution or the other. This mid-project adjustment is seen as being an important and necessary advance to assure that the goals of CCHI are met.

*Submitted by Jay McAuliffe, MD, MPH  
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As part of the CCHI 1998 Annual Report*

## *CCHI Lessons Learned & Future Opportunities*

As the individual charged with evaluation of the CCHI project, I have been privileged to observe partnerships that have significantly contributed to capacity building of CARE field programs. Examples include:

- Facility survey identification of basic gaps in health center equipment and supplies essential to developing an Emergency Obstetrical Care program in Tanzania
- Strengthened capacity at local level to collect, analyze, and use data in Uganda
- Improved understanding of under five mortality and its reporting in Kenya
- Assessment of strengths and gaps in Community Health Workers assessment, classification, treatment, and counseling of sick children in Kenya
- Assessment of *Plasmodium falciparum* drug sensitivity among refugees in Tanzania
- Development of guidelines for treatment of moderate to severe anemia in refugee children under 5 in Tanzania

Based on experience working at both CDC and CARE and the evaluation findings, the following guideposts are offered for CARE and CDC consideration as they plan for the future:

- The CCHI partnership has great potential for strengthening individual, unit, and organizational effectiveness of both CARE and CDC.
- Areas of collaboration need to be based on needs identified by operational programs in the field
- Initial collaboration needs to address the felt needs by those working in the field
- Shoulder to shoulder work in the field will almost always collaboratively identify operational/research issues which have programmatic benefits in the field and scientific value to improving health in developing countries
- Once collaborative projects are agreed to by the CCHI Atlanta team, implementation needs to be entrusted to those working together at the field level

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Visiting Professor of International Health, Rollins School of Public Health  
of Emory University and CARE-CDC Health Initiative Evaluator*



## **Reproductive Health Project in Tanzania**

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trainers. CARE plans are to train participants from 40 villages by June 30, 1999. In a series of 1-day workshops at the Ward level, approximately 160 individuals including, VHWs, village leaders, leaders of women's groups, traditional birth attendants and other stakeholders will be trained in the principles of community participation, development of village level plans for both emergency transportation and supportive supervision. At the end of each training, participants from each village will return as a team where they will share the draft plans with village residents whose input will be used to revise the plans prior to implementation. CARE and the TOT team will provide follow-up approximately one month after the training is completed. The CDC team will provide follow-up at approximately the mid and final portions of the Ward level training. As CBRHP expands to new Divisions (administrative units), community participation, development of plans for supervision and emergency transportation will be included in the initial VHW training.

*Submitted by Indu Ahluwalia,*



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or Submissions  
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# Prevention Through Preparedness

**The CARE-CDC Health Initiative is sponsoring a workshop in Tanzania designed to build capacity to prevent and prepare for disease outbreaks**

**February 1-13, 1999 in Mwanza, Tanzania**

The CARE-CDC Health Initiative (CCHI) will sponsor a workshop to build capacity in preventing and/or preparing for outbreaks of emerging and reemerging infectious diseases. This *Prevention Through Preparedness (PTP)* training has been designed to enable local health workers to prepare for and prevent the spread of a disease outbreak using locally available resources at low cost.

## **Viral Hemorrhagic Fevers**

In Africa, viral hemorrhagic fevers (VHFs) include Lassa fever, Rift Valley fever, Ebola hemorrhagic fever, Crimean-Congo hemorrhagic fever (CCHF), dengue fever, and yellow fever. Some of these diseases are relatively rare, but their effects can be devastating. Mortality rates range from 1% (Rift Valley fever) to 20% (Lassa fever), to 90% (Ebola hemorrhagic fever). Because VHFs are transmitted through contact with



infectious body fluids or contaminated materials, the risk of disease transmission in the health care setting is high and is of particular concern in areas lacking resources such as sterile needles and syringes, gloves, and protective clothing. WHO and the Centers for Disease Control and Prevention (CDC) developed recommendations for adapting barrier nursing practices in low-resource areas in a manual entitled *Infection Control for Viral Hemorrhagic Fevers (VHF) in the African Health Care Setting*. The VHF component of the *Prevention Through Preparedness* workshop will use these guidelines to teach health care workers how to use their own resources and abilities for limiting transmission of infectious diseases.



contaminated food or water. Cholera can be life-threatening, but if simple precautions are followed such as drinking clean water, cholera can be prevented altogether. Simple, inexpensive disinfectant generators and better storage vessel designs can allow water to be disinfected immediately after collection. This component of the workshop will discuss the use of the *Water Vessel Project*, a safe water intervention to decrease waterborne diarrheal diseases, including cholera.

## **Tuberculosis**

According to WHO, currently one-third of the world's population is infected with the tuberculosis bacillus, with seven to eight million people developing the disease each year resulting in two to three million deaths. TB kills more youth and adults than any other infectious disease. The *PTP* workshop teaches health care providers strategies for TB control and prevention and practical techniques to reduce the risk of TB transmission within the African health facility.



## **Cholera**

Cholera is an acute, diarrheal illness that is caused by eating or drinking

### **Tentative Schedule**

February 1-2:	Pre-Workshop Planning
February 3-5:	Facilitator Training for Infection Control/Emergency Preparedness
February 6-7:	Rest
February 8:	Infection Control/Emergency Preparedness (Day 1)
February 9:	Infection Control/Emergency Preparedness (Day 2)
February 10:	Infection Control/Emergency Preparedness (Day 3) & Facilitator Training for TB (Day 1)
February 11:	Infection Control/Emergency Preparedness (Day 4) & Facilitator Training for TB (Day 2) & Facilitator Training for Cholera (Day 1)
February 12:	TB Session & Facilitator Training for Cholera (Day 2)
February 13:	Cholera Session

### **The Trainers**

Muhammed Musa:	Country Director, CARE-Tanzania
Sherif Zaki:	Visiting Scientist, Div of Viral & Rickettsial Diseases, CDC
Rose Pray:	Training Specialist, Div of TB Elimination, CDC
Helen Perry:	Consultant, Div of Viral & Rickettsial Diseases, CDC
Amy Corneli:	Health Education Fellow, Div of Viral and Rickettsial Diseases, CDC
Kathy Cavallaro:	Microbiologist, Div of Viral & Rickettsial Diseases, CDC
Rob Quick:	Medical Officer, Div of Bacterial & Mycotic Diseases, CDC
Eugene McCray:	Medical Epidemiologist, Div of TB Elimination, CDC